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APPLICANTS

Shamik Shah, Plano, TX;
Yi Chun Chou, Golden, CO;

** CONTINUING DATA ^{NO, A.P.} *****

** FOREIGN APPLICATIONS ^{NO, A.P.} *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
** 01/30/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY TX	SHEETS DRAWING 6	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 4
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35 USC 119 (a-d) conditions met
☐ yes ☒ no ☐ Met after Allowance

Verified and Acknowledged
Examiner's Signature *[Signature]* Initials *A.P.*

ADDRESS
Docket Clerk
P.O. Box 800889
Dallas, TX
75380

TITLE
Clear reject message for call clearing and mobile resource assignment with holding call

FILING FEE RECEIVED 878	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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